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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(917)
County Keut	Registration Dist. No. 283
Village or City Rock # Cl	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?
2. FULL NAME Villiam rederich alasten	
(a) Residence: No. Rock Hall	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBANO of	22. I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of Regalieth lifestey	Jaus 3 200 P. M., 1937, to Jaux 3, 1937
6. DATE OF BIRTH (month, day, and year) Dec 29 1867	I last saw h. etc. alive on 32 deeth is seid
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated ebove, et
47 - 5   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Coronary Felerosis
9. industry or business in which	Coronery occlusion
work was done, es SILK MILL, SAW MILL, BANK, etc	town con technology
10. Date deceased last worked at this occupation (month and 1937) spent in this occupation cocupetion occupation.	
1 + C	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	arteriorderous
13. NAME 20 etal granter	annothering
13. NAME Joseph apolly  14. BIRTHPLACE (city or town)	Name of operation Oete of
(State or country) not known	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME	23. If deeth was due to external ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 2 NSF KNOWN	Accident, suicide, or homicide?Dete of injury
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 4 4 Thy Thy Gysley (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMDYAL	Manner of injury
Piece // Walf W Dete tall	Neture of injury
19. UNDERTAKER STATE STA	24. Wes diseese or injury in eny way releted to occupetion of deceesed?
(Address) Charce Hall.	If so, specify
20. FILEO LAM 5 , 19.37 Mas. 1. B. Durding	(Signed) Multi Michael M. O.
Registraf.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage, 7-5 3 1007	July 5,1927	Peritonitis	3 days ago	
W SEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	<b>ICE</b>	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MIDATE	INFADI	pplied.	

D. Every item of infor-SICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH U mation should be carefully sur

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46-8)
County 2 Cont.	Registration Dist. No. 200
Village or City millington (H	NoStWard death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME mong E. Builey	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
0-26 19 19-4	aug 14 ,192 ,10 Jan 20 , 192)
6. DATE OF BIRTH (month, dey, end year) Nov. 19, 485-1.	I lest saw her elive on Jan 1932; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted above, et 3. Am.
84 2 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of liver
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked at this prograption (month and	
10. Dete decesed lest worked at this occupation (month and year) 11. Total time (years) spent in this year) occupation	
12. BIRTHPLACE (city or town) Cecil, Cv. (Stete or country)	Other Contributory Causes of Importence:
13. NAME John Hart.	
H	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME - 7 Farmon	Whet test confirmed diegnosis? Wes there en eutopsy?  23. If death wes due to externel causés (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) !!	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Mra. Cumie Barular.  (Address) millinger mit.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sudleusville Date 1/23/37, 19	Menner of injury
19. UNDERTAKER Jehn G. Lolin te.  (Address) millington md.	24. Was disease or injury In any wey releted to occupetion of deceased? Relationships of the control of the con
20. FILED 1/20 , 19 > he for Registrar.	(Signed) A Colombia M. E. (Address) Mellingson me
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago BALL V Q Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County	Registration Dist. No.
Village or City Rhyster tours	No. St Ward
(II	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Wear)
5a. If married, widowed, or divorced Euma Hand and wife HUSBAND of (or) WIFE of Henriella Carter 1 st wife	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Ohnil 16,1853	I last saw h alive on 1
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8 Trade profession or particular	Organic heart trouble
kind of work done, as SPINNER, Relative of SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decased last worked at this geometria mediation (month and bis geometria) mediation (month and sent last his geometria).	±
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent In this good pation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town Server) 12. State or country)	Other Continues of Importance.
13. NAME Your J Blackway	
13. NAME The Color town the Color to	Name of operation Date of
15. MAIDEN NAMEROLI - Con sunder	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME/Zolderalousnesses 2  16. BIRTHPLACE (city or town) SOL Caurage (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
17. INFORMANT Of Se ale Boackgroy (Address) OL Children Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CRÉMATION, OR REMOVAL Place Leune dyrelle Date Jan 26, 1937	Manner of Injury
19. UNDERTAKER IT TUCKS (Address) Chepter John M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 25, 19 37 W.J. Hick. Registrar.	(Signed) A Completion M. (Address) Completion M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
May 1,1325	dusa venter tas	I y
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

infor-	state	UPA-	
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item	shor	o Jo	1
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 617
1. PLACE OF DEATH	1.0
County Kerel	Registration Dist. No. 20 (
	Al-
Village or City Belleston ned	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME mary a Campbell	LeIf U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Month)  (New)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Thet   attended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest saw here alive on June 4th 1937 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 140 for
87 6 /8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Heart Frailwar
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data dacased last worked at this occupation (month and	
SAW MILt, BANK, etc	
this occupation (month and spent in this occupation year)	
Chartest.	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
1 2 200	Varanchia Meumonia
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
∑ (Stata or country)	Where did Injury occur?
17. INFORMANT Charles Campbell (Address) rear restation m	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Chester Cem Date Jun 7, 1963 7	Neture of injury
10 HAIDEDTAVED B 113 ST 2000	24. Was disaase or Injury In apy way ralated to occupation of deceased?
19. UNDERTAKER (Addyess)	If so, specify
Jan C 20 Milon to	(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-74	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	#3,
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU

STATE OF MARYLAND—	CERTIFICATE OF DEATH 618
1. PLACE OF DEATH	(820)
County / Land	Registration Dist. No. 202
Village or City Jean Charles Line	NDSt.,Ward
C)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
B ' 0	yisyisyis
2. FULL NAME / Journal Cornery	e-f
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Hale, Olack OR DIVORCED (write the word)	(Month) (Day) (Pear)
e. If married, widowed, or divorced	(Monya) (Dey) (rear)
HUSBAND of (or) WIFE of	22. Al I HEREBY CERTIFY, That I attended deceased from
1 / 221	1921, to 9 37
DATE OF BIRTH (month, day, and year) about 18/2.	I last saw h
AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebové, etm.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
SAWYER, BDDKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupion (month and spent in this	Caralus Thurs
10. Date deceased last worked at this occupetion (month and spent in this	
year) occupation	Dither Contributory Causes of Importance: three days. Questo.
2. BIRTHPLACE (city or town)	Information given by more Sultage Supt al
(State or country)	Kent County Thomse, where this man died . Dr.
13. NAME MARKET 14. BIRTHPLACE (city or town)	Whaland died in may
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT By GALLACE (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Shushweel exto Date All 1, 195/	Nature of injury
19. UNDERTAKER A Bigard Seitlown (Address) Chen Oxform md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jaw 1/, 19.3. 7 W.J. Hicks Registrar.	(Signed) (Signed) (Address) Chalertines M. A.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

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(Address)

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

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-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Date of onset  1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B. of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Kent	Registration Dist. No. 43
Village or City Rock Hall - "muy heck	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME William acheel Halant	
(a) Residence: No. Pincy Neck	St Ward.
/ (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jall 2 102 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mary Hylaux	22.   HEREBY CERTIFY, That I attended deceesed from 1936 to July 2 1937
6. DATE OF BIRTH (month, day, end year) Que 4 1857	I last saw h alive on 12/26 , 1936 ; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at $\sqrt{2.50} P_{\rm m}$ .
79 4 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	Elvron. Euls carclilis Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lettred	clown negocarditis
9. Industry or business in which work was done, as SILK MILL, Fatermease SAW MILL, BANK, etc.	Lecore persation
10. Date decesed lest worked at this occupetion (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) COULT Hall (State or country) Kurst Co had	
13. NAME Thornas Helans	
13. NAME Thoras Helaus  14. BIRTHPLACE (city or town) Leanertown g	Neme of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Parah Ely Grant  16. BIRTHPLACE (city or town) At wey keely  (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. H. le 1	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT	Specify whether injury occurred in thousand, in nome, of in Podelic Place.
18. BURIAL, CREMATION, OR REMOVAL PIECE Chafel Carate 1/4, 1937	Manner of Injury
19. UNDERTAKER Ralph H. Hailton, (Address)	24. Wes disease or Injury in any wey releted to occupation of deceased?
20. FILED JAM 4 1936 MAS J. B. SMI ALMA Registras.	(Signed) Clbert 9. Burgard M.D.
Registrat.	(Address) DPCC # all #14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFR 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Col. March Col.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
	- "			

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Kens	Registration Dist. No. 202
Village or City Butlestours RTh Wor	(If death occurred in a hospital or institution, give its NAME instead of street and number)  ones. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Storling Juseph H  (a) Residence: No. (Gauglplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 136 to 37
6. DATE OF BIRTH (month, day, and year) 1930 7. AGE Years Month Days If LESS than 1 day,h	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	were as follows:  Date of onset  Methods prenchy water  Methods pren
Notes that the second of the s	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) 3. Clertown (State or country)	Cities Contributes of importance.
13. NAME Levy Hynson.  14. BIRTHPLACE (city or town) Nockstall (State or country)	Name of operation
15. MAIDEN NAME TO THINK HOLINGS  16. BIRTHPLACE (city or town) Hy Buller town  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Legal Typeson (Address) Bullestown Mother RIL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL  Place Sullerlown Data Jun 6 19	Mannar of injury
19. UNDERTAKER BRITTER PROPERTY OF THE PROPERT	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
Registrar.	(Address) oughton Mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Richmond 621

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 2 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING	S IS A PERMANENT REC. RD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	certificate.
S. No. 1	V. BWRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of certificate.

1.	PLACE OF DEATH	Ken 7	_	820	Registration Dist. No.	00
	County	4. 4.4	A		Registration Dist. No.	
	Village or City	n	112	NDf death occurred in a hospital or institution		
	Length of residence in city or tov	vn where death	occurredmo	sds. How long In U.S. if of t	foreign birth?yrs	.mos
2.	FULL NAME	Kun	a B. 4	Ahnson		
	(a) Residence: No.	casses	vand,	St., Ward.		
		/	(Usual place of abode)		If nonresident give city or town a	nd State
	PERSONAL AND ST	ATISTICA	L PARTICULARS	MEDICAL CE	RTIFICATE OF DEATH	
SEX	emale Whe		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 (Year
	married, widowed, or divorced HUSBAND of (or) WIFE of	iony	H. Johnson	22. I HEREBY	CERTIFY, That I attended	ed deceased
DA	TE OF BIRTH (month, day, and ye	an 100	1 HE 1960	I last saw h alive on	0. 00	Z death is
AGI		onths	Days   If LESS than	to have occurred on the date stated		/
	76	5	24 I day,hrs.		Additional to the second secon	Date of o
	<ol> <li>Trade, profession, or particular kind of work dona, as SPIN</li> </ol>	INER. 14	meno accordo	Chrone ?	y purension	4.2
	SAWYER, BOOKKEEPER, etc	713	are, words	Carebral &	innihage	7-3
1	9. Industry or business in which work was done, as SILK MI	LL,				
11	O. Data deceased last worked at		11. Total time (years)			
	this occupation (month and year)		spent in this			
	1	1:: -1	1	Other Contributory Causes of import	tance:	0 0
2. Bl	(State or country)	way	<i></i>		· · · · · · · · · · · · · · · · · · ·	
1.		0 70	1 to	- Lemina	voren-	
1	3. NAME Struck	1/10	ii	pnen	nonel	
1	4. BIRTHPLACE (city or town)	Verg	wa	Name of operation	Date of	
-	(State or country)		1 67 67 .1.	What tast confirmed diagnosis?	Was there a	n au'opsy?
1	5. MAIDEN NAME THE	anc	is to waity	23. If daath was due to external cause	es (VIOLENCE) fill in also the follow	ing:
1	6. BIRTHPLACE (city or town) (	Ving	ma 1	Accident, suicide, or homicide?	Date of injury	, 19
	(State or country)	_//	1	Where did injury occur?	(Specify city or town	
7. IN	FORMANT (Address)	lon	Johnson	Specify whether injury occurred in	(Specify city or town, county and S INDUSTRY, in HOME, or In PUBLIC	PLACE.
B. Bl	URIAL, CREMATION, OR REMOVAL	tery	pate 2/1/, 19:35	Manner of injury Nature of Injury		
9. UI	NDERTAKER Je (Address)	the	aniels	24. Was disease or injury in eny way	related to occupation of deceased?_	no
D F1	LED Jan. 30-37. C	lestet	t Brice	(Signed) Q. (Signed)	Emilly	0

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Cerebral hemorrhage 1 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		TO THE RESERVE OF THE PARTY OF		

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	ly classified. Exact statement of OCCUPA-	ate.	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYL	AND-CERTIFICATE	OF DEATH
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- 2	3	"		1
1	1	host	Ł,	3

1. PLACE OF DEATH	
County West	Registration Dist. No. 203
Village or City Rock Hall	No
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly girl Kennard	If II S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. New ark Del!  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from 1957, to 24, 1957
6. DATE OF BIRTH (month, dey, and yeer) Jun 24 1937	I lest sew h elive on
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted ebove, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	stillborn
	(5 moutus)
year) occupation  12. BIRTHPLACE (city or town) Tout the call (State or country)	Other Contributory Causes of Importance:
13. NAME Ellert Kernard  14. BIRTHPLACE (city or town) Cuntur will	Neme of operation Dete of Dete
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Rother Me onald  16. BIRTHPLACE (city or town) greenbank Del	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Presidente Del (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Lother luce of orall (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place LASLASA Dete LASS. 1937	Menner of Injury
19. UNDERTAKER ELLER Services (Address) Henri Cark	24. Wes diseese or injury in any wey releted to occupetion of deceesed?
20. FILED JAM 25, 1937 Miss. J. B. D. Mill. Registrar.	(Address) Rock Hall hed.

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Chronic interstitial nephritis TEE 2 143	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	a particular and a second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF	MARYL	AND-CI	ERTIFIC	ATE	OF	DEATH
	TANK FREE PE				•	

Village or City.  No. No. No. No. No. No. No. No. No. N	1. PLACE OF DEATH	CERTIFICATE OF DEATH	1534
Village or City  Length of residence in city or town where death occurred	V. 1-	Registration Dist No. 28/	
2. FULL NAME  (a) Residence: No. (Usualpiace of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKEED, WIDOVED, OR DIVORCES, Cover the word of the wo	Village or City Betteston 10	NoSt.,St.	mber)
(a) Residence: No.	Length of residence in city or town where death occurredvrsmos	isas. How long in U.S. It of foreign birth?yrsmos	ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED. OR DIVORCES (which he worsh Of Wisk and year)  7. AGE  Years  Monity  Days  If LESS than 1 day, hrs. S. Will, Balk, de. S. Jinden, profession, or particular work as done, as SILK MILL, SAW Was done, as SILK MILL, SAW W	2. FULL NAME MOULLA TORRES		
3. SEX  4. COLOR OR RACE OR DIVORCES (winic the worl) So. If married, widowed, or divorced HUSBAND of Convinced HUSBAND of Convince HUSBAND of Convinced HUSBAND of Convinced HUS		If nonresident give city or town and Sta	ate
OR DIVORCES (wire the worth  A string widowed, or divorced HUSBAND of Cord Wife of Country)  5. At a married, widowed, or divorced HUSBAND of Cord Wife of Country  6. DATE OF BIRTH (month, day, and year)  7. AGE Years  Months  Days  If LESS than I day,			
HUSBAND of Cot Wife of Educated Curbble 22. I HEREBY CERTIFY, That I attended daceased from 19 to 19 7.  5. DATE OF BIRTH (month, day, and year)		Jan 10	93
7. AGE Years Months Days If LESS than I day, his. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Note that the second of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWHEL, BOOKKEPER, etc. 11. Total time (years) spent in this occupation  Other Centributery Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town) (State or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Place  Address  If so, specify	HUSBAND of A	22. A HEREBY CERTIFY. That I attended day	ceased from
7. AGE Years Months Days If LESS than 1 day hrs. or m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as indigned. The work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEPER, etc.  11. Total time (years) spent in this occupation (month and year) where did industry Causes of importance:  12. BIRTHPLACE (city or town) (State or country)	6 DATE OF RIRTH (month day and year) Qual 24 /878	Viast saw has alive on Jan 18. 1937:	death is said
3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Saw MILL, BARK, etc.  10. Data deceased last worked at this occupation month and year)  11. Total time (years) spent in this occupation month and year)  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME    About A   About		to have occurred on the date stated above, at	
8. Trade, profession, or particular Michael Common Carlon Carlon Common Carlon Carlon Common Carlon Carlon Common Carlon		ware as follows:	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes of	3. Trade, profession, or particular	100	2 / Tage
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes of	SAWYER, BOOKKEEPER, etc.	Lotos Muerus reig	0 4 7
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes of	9. Industry or business in which work was done, as SILK MILL,	Corto Rual Disease	
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, DR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  Other Contributory Causes of importance:  Other Contributory Causes of	SAW MILL, BANK, etc.		
Other Contributory Causes of importance:  Other Contributory Cause of importance:  Other Contributory Causes  Name of operation.  Other Contributory Causes  Other Contributory  Other Contribut			
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION OR REMIDUAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  17. INFORMANT (Address)  18. BURIAL, OR REMIDUAL (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  17. INFORMANT (Address)  18. BURIAL, OR REMIDUAL (Address)  19. UNDERTAKER (Address)	0 1	Other Contributory Causes of importance:	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR RENIDVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Was disease or injury in any way related to occupation of decaased?  If so, specify		1 Ca / 13 - +	2
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Mainer of operation. What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. ONDERTAKER (Address)  19. ONDERTAKER (Address)  10. Name of operation. What test confirmed diagnosis? Was there an autopsy?  20. Mas the or operation of decaased? If so, specify  10. Name of operation. What test confirmed diagnosis? Was there an autopsy?  21. Was diagnosis? Was there an autopsy?  22. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?  (Specify city or town, county and State) Specify whether injury occurr?  (Specify city or town, county and State) Specify whether injury occurr?  Nature of injury  24. Was disease or injury in any way related to occupation of decaased?  If so, specify			7
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  19. UNDERTAKER (Address)  Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER (Address)  16. Surrian Place  17. Information  18. BURIAL, CREMATION OR REMOVAL Place  18. BURIAL, OR MAIDEN  19. UNDERTAKER  19. UN	E Tomas In Survey	Word	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. MAIDEN NAME  11. MAIDEN NAME  12. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Was disease or injury in any way related to occupation of decaased?  If so, specify	14. BIRTHPLACE (city or town)		No
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Nature of Injury  24. Was disease or injury in any way related to occupation of decaased?  If so, specify			opsy
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Nature of Injury  24. Was disease or injury in any way related to occupation of decaased?  If so, specify	T TO MAINE WANTE	120	-
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION OR REMOVAL Place Still and Compared in 13, 19.36, Nature of injury  19. UNDERTAKER (Address)			, 19
18. BURIAL, CREMATION OR REMOVAL Place Still Condition Date from 13, 19.36 Nature of injury  19. UNDERTAKER OR FOLLOWS  (Address)  18. BURIAL, CREMATION OR REMOVAL OUT OF THE PROPERTY OF THE	hi. After Teller	(Specify city or town, county and State)	c
18. BURIAL, CREMATION OR REMOVAL Place Stall and Compate Annual Co		Specify whether injury occurred in INDUSTRY, in Home, or in Public Placi	E.
Place Still ond Clin Date of 13, 19.3 G, Nature of injury  19. UNDERTAKER OR JOHN STILL ST		Manner of Injury Roul	
19. UNDERTAKER OR Fellows  24. Was disease or injury in any way related to occupation of decaased?  If so, specify	Place Still and Cem Date Jan 13, 19 30		
The same of the sa		24. Was disease or injury in any way related to occupation of decaased?	
20. FILED 1997 1997 1997 1997 1997 1997 1997 199		(Signed) Mary	M. D.
Registrar. (Address) . T. T	4		. J. Conty.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FFB 4 1997	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 625
1. PLACE OF DEATH	(248)
County Kept County	Registration Dist. No. 202
Village or City Mullistulain Mansland	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Moraran Massey	If U. S. Veteran, specify WAR
(a) Residence: No. The Man land (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M OR DIVORCED (write the word)	Jan. 4 193 7 (West)
5a, If married, widowed, or divorced	
HUSBAND OF (or) WIFE of Managent R Managen	22. I HEREBY CERTIFY, That I attended deceased from
Manager VI I I I I I I I I I I I I I I I I I I	0
6. DATE OF BIRTH (month, day, and year) 1/2 2 8 / 8 7 3 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 0 m,
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER softly so Mufry SAWYER, BOOKKEEPER, etc.	Josephula, From
9 Industry or business In which work was done, as SILK MILL,	6
SAW MILL, BANK, etc.	No.
this occupation (month and 5	Five
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Johnnes Manne	s lon
(State or country) Cicil County, Med	Detromose of the
13. NAME Juny Sponson Massy.	1000
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
I / Jan	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
To Say + Sa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Many Many (Address)	Specify whether injury occurred in thousand, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Vauf am Data Jan 6, 1937	Natura of injury
19 UNDERTAKER Marin & Williams	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER I HISTORY Man Land	If so, specify
20. FILED Jan 6 1937 WJ Thicks	(Signad) Doul Pouce of M. D.
Registrar.	(Address) follow of the follow Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUI	IER STATEMENTS BY PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH 626
County / Cery	Registration Dist. No. 201
Village or City Better low	NoSt,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town whare death occurred	sds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Suruh Elizabeth	COLOUTIO. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word) ON Oldwell	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. A LHEREBY CERTIFY That I attanded daceased from
(II) MITE OF THE WOMEN	193), 10 Jan 1 193
6. DATE OF BIRTH (month, day, and year) here 21 1847	Mast saw her alive on June 7 1, 19 3 death is said
7. AGE Years Months Days II LESS than	to have occurred on the data stated above, at
89 FO B ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Artena Ochron And
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month and	1 / Com
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Allem Hanson	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
I 15. MAIDEN NAME E LA alette Howard	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Data of injury 19 19
Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Data Data Un 1 193	Nature of injury
19. UNDERTAKER VS CALLED TO THE NEW YORK THE	24. Wes diseasa or injury in any way ralated to occupation of deceased?
20. FILED Sur 2 1937 INCECURE	(Signed) July 1 M. D. M. D.
Registrar.	(Address) bluffy Truy le

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimare, Requesting U. S. Na. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 4 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



	159			
	Registra	tion Dist. I	No. 200	4
(If d	No.  death occurred in a hospital or institution, give its N	AME instea	d of street and n	Ward (ward)
nos.	ds How long in U.S. if of foreign birtl	1?	yrsmos	sds.
K	chalira			
ke	state in WAR MA			
- 1			y or town and	State
	MEDICAL CERTIFIC	ATE OF	DEATH	
	21. DATE OF DEATH	,	10	100 7
	(Month)	ì	Day)	193 / (Year)
	22. / I HEREBY CERT		nat I attended d	eceased from
-	Nec 12 1936, to	Juli	2	1937
	I last saw har alive on		3, 19.37.	; death Is said
	to have occurred on the date stated above, at			
rs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	causes of in	nportance	Date of onset
				12
	Suddew n	/		Da 10/87
	apparent ill	nec	1 (1	
	1/00		· · · · · · · · · · · · · · · · · · ·	/
	8 ms. Infant	-		
	Other Contributory Causes of importance:	4		
	Intestignal State	ers		
	Melechina			
_				
	Name of operation		Date of	
	What test confirmed diagnosis?		Was there an a	u!opsy?
	23. If death was due to external causes (VIOLEN	CE) fill in als	so the following:	
	Accident, suicide, or homicide?	Date of	f injury	, 19
	Where did injury occur?			
	Specify whether injury occurred in INDUSTRY,	In HOME, or	county and State rin PUBLIC PLA	CE.
	•••••			
7	Manner of injury			
1	Nature of injury			
	24. Was disease or injury in any way related to	occupation	deceased?	
	If so, specify			
	(Signed) January	Louis	100	€M.D.
	(Address) Ulleall	clon	4	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND-	CERTIFICATE	OF	DEATI
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- 6			P	20
1	,	5	1	

1. PLACE OF DEATH	92-0
County Keut	Registration Dist. No. 200
Village or City Kear Yalena	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
21.20. 10 1	• 1
2. FULL NAME William Thomas !	educe II U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. OR DIVORCED (write the word)	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced	
HUSBAND of Mary Pennick	22. I HEREBY CERTIFY, That I attended deceased from
1 1 - 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i last saw h 2 = a live on 4 = 14 1986 death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at, 19#; death is said
70 2 116 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Milliar Minion 1935
Industry or business in which	
work wes done, es SILK MILL, Jacon Hand	
year) occupetion	Other Centributery Causes of Importence:
12. BIRTHPLACE (city or town) Galle Aleck (Stete or country)	
13. NAME James Fennek	
14. BIRTHPLACE Cofty or town) Ell neck (State or country)	Neme of operation
	What test confirmed diagnosis? Was there en autopsy?
	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
0.1.190+1 P.	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT John Steller States	Specify whether injury occurred in INDUSTRY, in HOME, OF INFODER FLAGE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sassaftas Date au. 5, 1931	
19. UNDERTAKER John A. Tofin aug 8.	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) millington, mol.	If so, specify
20. FILED 1/2 1974 Un- Pyro-	(Signed) Munity Buch M. D.
Deputy - Registrar.	(Address) Mullington Mig.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis 3 days ago Cerebral hemorrhage July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	(123)	,
	Registration Dist. No. 204	/
Mishela	St. St.	Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and	
yrsamos.	ds. How long in U.S. If of foreign birth?yrsr	nosds.
J. 10 .		
uly.	If U. S. Veteran, specify WAR	
· ·	St., Ward.	
bode)	If nonresident give city or town an	d State
ILARS	MEDICAL CERTIFICATE OF DEATH	
D, WIOOWED,	21. DATE OF DEATH	
write the word)	January 17	193 7
)	(Month) (Day)	(Year)
	22. I HER EBY CERTIFY, That I attended	daceased from
	ζ, 19, to	, 19
1842	I last saw h aliva of w medical allagely	Maath is said
If LESS than	to have occurred on the data steted above, at6m.	,
day,hrs.		
rmin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Oate of onset
/		OSte of ouser
	Information of age	
	propriese to be a first	
(4000)		
(years)		
on	Other Contributory Causes of Importence:	1
	Intestignet plakers	Suco 36
	1 - 1 -	8 month
	manitim	** ********
	Neme of operation Dete of_	'
nd		
1	What test confirmed diagnosis? Was there an	
ug.	23. If death was dua to external causes (VIOLENCE) fill in also the following	ng:
	Accident, suicida, or homicide? Date of injury	, 19
ud	Where did injury occur?	
	(Specify city or town, county and St	ate)
~	Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
	Manner of injury	
9 , 19.37	Natura of Injury	
,	24. Was disaase or Injury In any way related to occupation of dacaased?	
	If so, specify	A
11	(Signed) track 11. I mulbit	2000
Panistana	(Address) Ourslutacon	red
Registrar.	" (mudicas)	7
. C D	NT OL 1 C D L. D	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	.AND-	CERTIFI	CATE	OF	DEATH
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1. PLACE OF DEATH			V.O.	17
County /Zent			Registration Dist. No.	
Village or City			NoSt., death occurred in a hospital or institution, give its NAME instead of street and numb	
Length of residence in city of town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Alicha	of Lac	Stea	ma	
(a) Residence: No.	(Usual place o	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
maly. 4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	HED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) , 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY. That I attanded decea	asad from
6. DATE OF BIRTH (month, day, and year)			I last saw have alive on for 1927; dea	
7. AGE 3 Years 8 Months	15 Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			The boronchorporumonia drie Thorewas no associated disease entry	te of onset
14. BIRTHPLACE (city or town)	<i>1</i> :		Nama of operation Date of	
(State of country)	70 -		What test confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME  16. BIRTHPLACE (city of)town)  (State or county)  17. INFORMANT  (Address)	Starns	d	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	.19
18. BURIAL, CREMATION, OR REMOVAL	Date	14/ 1937	Manner of injury	
19. UNDERTAKED / CADDIESS)  20. FILED /// 1927	the One	Registrar.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	M. D.

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Example II			
and related causes	Date of onset		
	1 week ago		
	1 week ago		
	3 days ago		
importance:			
	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE (	OF M	ARYL	AND-	CERTIF	FICAT	TE	OF	DEA	ATH
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1. PLACE OF DEATH	- (an)
County Kent	Registration Dist. No. 202
Village or City Man Chestuloun	No. St. War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	
2. FULL NAME Wy Mean Jellinging	If U. S. Veteran, specify WAR
(a) Residence: No. / Maryland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Vear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Cruma Jollingan	22. (1 HEREBY CERTIFY That I attended daceased fro
6. DATE OF BIRTH (month, day, and year) Jan 4, 1860	I last saw h. Land alive on 27, 1937, death is sa
7. AGE Years Month Days If LESS than	to have occurred on the data stated above, at 7.39 km.
77 0 26 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	atetiles of acc
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	artin Talenous 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
To. Data deceased last worked at this occupation (month and spent in this	- /Lin
year) / 1930 occupation	Other Caatributary Causes of Importance:
12. BIRTHPLACE (city or town) flar fumps in	
(State or country) Vaccin Um, County. In	10 <sup>1</sup> .
13. NAME Tollingin .  14. BIRTHPLACE (city or town) Saultford . La.	
I4. BIRTHPLACE (city or town) Sault for (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pelacca Coleman.  16. BIRTHPLACE (city or town) Many Crumpton.	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Many Crump /	Accident, suicide, or homicide?
(State or country) ( June Com. Ind.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT App Alafra Mungles (Address) Abertuston Mangles d;	Specify whether injury occurred in INDÚSTRÝ, In HOME, or in PÚBLIC PLÁCE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Musinfull Rims Date of / 1937	Nature of injury
19. UNDERTAKER Mayaring Widliams	24. Was disease or injury in any way related to occupation of deceased?
20 k / 37 m 1/7/00 kg	(Signed) M
20. FILED TOUT , 19 B / J / VC/LS Registrar.	(Addrass) Ches Le Com La

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927 May 1,1923	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1,1928 Gastroenteritis		

ADDITIONAL S	SPACE FOR	RURTHER	STATEMENTS	RY	PHYSICIAN

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